

Case Number:	CM14-0012958		
Date Assigned:	02/24/2014	Date of Injury:	08/09/2013
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 61-year-old female with a 8/9/13 date of injury, and status post right knee arthroscopy 5/15/13. At the time of request for authorization for [REDACTED] supplementation (Euflexxa) injections of the right knee (one injection per week for 3 weeks), there is documentation of subjective findings of right knee pain, pain aggravated with physical activities and objective findings of BMI 24, tenderness at the lateral joint line, medial joint line, mild to moderate crepitation of the patellofemoral joint. The imaging findings of the right knee x-rays report revealed articular surfaces appear maintained, small/moderate effusion. The current diagnoses are right knee osteoarthritis knee joint and lateral meniscus tear. The treatment to date includes acupuncture, home exercise program, cortisone injection (with some relief for 2 weeks), activity modification, medications (including NSAIDs), and physical therapy. The 1/3/14 medical's report reported x-ray findings include mild to moderate lateral compartment narrowing. The 1/3/14 medical report identifies a recommendation for viscosupplementation to treat the effects of loss of articular cartilage in the patellofemoral compartment and to a lesser extent the lateral compartment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

[REDACTED] SUPPLEMENTATION (EUFLEXXA) INJECTIONS OF THE RIGHT KNEE (ONE INJECTION PER WEEK FOR 3 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC, Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections.

Decision rationale: California MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of viscosupplementation injections. In addition, ODG identifies that while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Within the medical information available for review, there is documentation of diagnoses of right knee osteoarthritis knee joint, lateral meniscus tear. In addition, there is documentation of failure of conservative treatment (such as physical therapy, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray findings diagnostic of osteoarthritis. Furthermore, there is documentation of a recommendation for viscosupplementation to treat the effects of loss of articular cartilage in the patellofemoral compartment and to a lesser extent the lateral compartment. However, evidence based guidelines do not consistently support viscosupplementation for patellofemoral arthritis. Therefore, based on guidelines and a review of the evidence, the request for [REDACTED] supplementation (Euflexxa) injections of the right knee (one injection per week for 3 weeks) is not medically necessary.